

VERIFICATION OF CLINICAL COMPETENCIES FOR EMERGENCY NURSING SKILL IDENTIFIER (SI M5)

For use of this form, see AR 40-68; the proponent agency is the Office of the Surgeon General.

1. NAME (<i>Last, first, middle</i>)	2. RANK	3. DATE (YYYYMMDD)
4. UNIT MAILING ADDRESS	5. AOC	7. COMPONENT: USA ARNG USAR
	6. UNIT PHONE NUMBER	

TO BE COMPLETED BY THE INDIVIDUAL'S RN CLINICAL SUPERVISOR: The individual named above has demonstrated the knowledge and ability to perform patient care nursing activities in an emergency care setting. **This includes the ability to triage, assess, treat, administer medications, and evaluate emergency patients (*of all ages*).**

SKILLS	INITIALS	DATE (YYYYMMDD)
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RESPIRATORY

1. Airway obstruction, asthma, bronchitis/URIs, COPD, inhalation injuries, pneumonia, pulmonary edema (*noncardiac*), pulmonary embolus, hyperventilation, respiratory distress syndrome, aspiration, pleural effusion, bronchiolitis, flail chest, pneumothorax, hemothorax, tension pneumothorax, ruptured diaphragm, ruptured large airway, rib fractures, pulmonary contusion.

2. Skills:

- Basic/advanced airway adjuncts including cricothyrotomy assistance.
- Oxygen delivery devices.
- Ventilation (*manual/mechanical*).
- Pulse oximetry.
- End tidal CO2 monitoring.
- NT/ET/OT suctioning and specimen collection.
- Rapid sequence induction assistance.
- ABGs.
- Chest tube insertion assistance and drainage.
- Recognition of breath sound anomalies including adventitious breath sounds.
- Isolation.

CARDIOVASCULAR

1. Cardiac dysrhythmias; pericarditis; angina; infarction; congestive heart failure; hypertension; endocarditis; aortic aneurysm; cardiac arrest; peripheral vascular disease (*e.g., arterial, venous*) thromboembolism; pharmacology unique to cardiovascular conditions; cardiac tamponade; cardiac contusion; injuries to great vessels including aortic dissection.

2. Skills:

- External defibrillator/cardioversion/pacemaking.
- Cardiac monitor- 3 and 5 lead.
- Obtain and interpret 12 lead EKG.
- MONA/ACLS medications.
- NIBP monitoring/arterial and central venous line insertion assistance and monitoring.

MULTI-TRAUMA / SHOCK

1. Trauma triage; hypovolemia; cardiogenic shock; distributive shock; (*anaphylactic, septic, neurogenic, spinal*); multiple trauma (*blast, projectile, burn, environment, chemically contaminated*).

2. Skills:

- Direct pressure.
- Bandaging including hemostatic dressings.
- Parkland and modified Brooke formulas for burn resuscitation.
- Lund/Browder charting/estimation of burn area.
- Blood product transfusions (*specific/non-specific, whole blood, factor VII*).
- Decontamination.
- Local trauma system referral locations.
- Body warmers.
- Fluid warmers and infusers.

MULTI-TRAUMA / SHOCK (continued)	INITIALS	DATE (YYYYMMDD)
j. Trauma system documentation.		
k. Tourniquet.		
l. Interpret lab values (CBC, INR, pH, CO2, HC03).		
m. Decontaminate contaminated patient.		
n. Venous/intraosseous IV access.		
o. MAST trouser removal.		
ORTHOPEDIC / WOUND MANAGEMENT		
1. Inflammatory conditions (e.g., bursitis, tendonitis, arthritis, gout); carpal tunnel syndrome; joint effusion; costochondritis; low back pain; osteomyelitis; ligament and musculoskeletal injuries/strains and sprains; fractures/dislocations; compartment syndrome; amputations; lacerations; abrasions; contusions; avulsions; wound-related infections; puncture wounds; foreign bodies; ballistic injuries; bites and stings; peripheral vascular trauma.		
2. Skills:		
a. Splinting.		
b. Crutch instruction.		
c. Bandaging.		
d. Wound care and irrigation.		
e. Suturing assistance.		
f. Application/discontinuation of traction devices.		
g. Tourniquets.		
h. Procedural sedation.		
i. Peripheral nerve assessment.		
j. Ankle brachial index calculation.		
k. Compartment syndrome recognition and actions.		
OBSTETRICAL GENITOURINARY/ GYNECOLOGICAL		
1. Vaginal bleeding, spontaneous abortion, placenta previa, placenta abruption, preeclampsia, eclampsia, emergency delivery, postpartum hemorrhage, ectopic pregnancy, trauma in pregnancy, newborn resuscitation, hyperemesis gravidarum, preterm labor, ruptured bladder, kidney trauma, urinary tract infection, pyelonephritis, epididymitis, testicular torsion, genital trauma, renal calculi, prostatitis, benign prostatic hypertrophy, orchitis, urinary retention, phimosis, pelvic inflammatory disease (PID), foreign bodies, ovarian cyst, vaginal discharge, sexual assault, vaginal bleeding/dysfunction, Bartholin's cyst.		
2. Skills:		
a. Emergency childbirth.		
b. Urinary catheterization.		
c. Fetal heart monitoring.		
d. Resuscitation of infant/mother.		
e. Sexual assault evidence collection and reporting.		
f. STD cultures and reporting.		
g. Fundal massage.		
h. Provides psychosocial support.		
NEUROLOGICAL		
1. Headache; stroke/transient ischemic attack; Cushing's triad shunt dysfunctions; seizure disorders; Guillain-Barre syndrome; Alzheimer's disease/dementia; increased intracranial pressure; head injury (e.g., concussion, diffuse axonal injury); skull fractures (e.g., linear, depressed, basilar); epidural hematoma; subdural hematoma; subarachnoid hemorrhage/aneurysm rupture; spinal cord injuries (e.g., autonomic dysreflexia).		
2. Skills:		
a. Glasgow coma scale.		
b. Spinal immobilization.		
c. Helmet removal.		
d. Dermatome assessment.		
e. ICP monitoring.		
f. Lumbar puncture assistance.		
g. Brain death criteria.		

GASTROINTESTINAL	INITIALS	DATE (YYYYMMDD)
1. Gastritis; ulcers (<i>e.g., helicobacter</i>); GI obstructions (<i>e.g., pyloric stenosis, bowel obstruction, constipation, fecal impaction, colic</i>); intussusception; appendicitis; pancreatitis; cholecystitis; cholelithiasis; diverticulitis; GI bleeding; peritonitis; inflammatory bowel disease; cirrhosis; esophagitis; hernias; gastroenteritis; liver injuries; splenic injuries; colon injuries; other abdominal trauma (<i>e.g., stomach, esophageal, pancreatic, mesenteric</i>).		
2. Skills:		
a. NG/OG tube.		
b. Lavage.		
c. FAST exam.		
MAXILLOFACIAL / OCULAR / DENTAL		
1. Dental emergencies; otitis; Ludwig's angina; ruptured tympanic membrane; foreign body-ear; Meniere's disease; labyrinthitis; epistaxis; nasal fracture; foreign body-nose; pharyngitis; tonsillitis; laryngitis; peritonsillar abscess; foreign body-throat; soft tissue injuries to the neck; epiglottitis/croup; fractured larynx; soft tissue facial injuries; mandibular fractures; maxillary fractures; zygomatic fractures; sinusitis; temporomandibular joint (<i>TMJ</i>) dislocation; facial nerve disorders (<i>e.g., Bell's palsy, trigeminal neuralgia, temporal arteritis</i>); conjunctivitis; iritis; central retinal artery occlusion; glaucoma; corneal abrasion/foreign body/burn; orbit fracture; chemical burns; hyphema; eyelid laceration; globe rupture; retinal detachment.		
2. Skill:		
a. Irrigation.		
b. Visual acuity.		
c. Splinting.		
d. Bandaging.		
e. Fluorescein dye.		
PSYCHOSOCIAL		
1. Anxiety/panic; depression; suicide; homicidal/violent; psychotic; bipolar disorder; eating disorders (<i>e.g., anorexia, bulimia</i>); sudden infant death syndrome; bereavement; situational crisis (<i>e.g., job loss, divorce</i>); abuse (<i>child, adult, elderly, detainee/prisoner</i>); end-of-life issues (<i>e.g., DNR, family presence, withdrawal of support</i>).		
2. Skills:		
a. Patient safety.		
b. Physical restraints.		
c. Abuse/assault reporting and management.		
d. Provide psychosocial support.		
e. End-of-life care support.		
PATIENT CARE MANAGEMENT		
1. Patient and family education; community education; disaster management process and priorities (<i>including bioterrorism and weapons of mass destruction</i>); clinical assessment (<i>e.g., pain, ABGs, diagnostic interpretation</i>); communication; medication and fluid administration; organ donation; patient safety; general pharmacology (<i>e.g., related to more than one disease process or system</i>); population-specific issues (<i>e.g., Soldier, pediatric, geriatric, culture, special needs</i>); triage and priority setting; discharge planning; interfacility stabilization and transport (<i>e.g., system components, patient care</i>); intrafacility (<i>e.g., admission, holding and boarding</i>); principles of ground and air EMS transport.		
2. Skills:		
a. Laboratory tests and interpretation.		
b. Triage.		
c. Radio/telephone communications.		
d. Package patient for ground/air transport.		
e. Provide patient teaching (<i>written/verbal</i>).		
SUBSTANCE ABUSE/TOXICOLOGICAL/ENVIRONMENTAL CONDITIONS		
1. Heat-related systemic emergencies; cold-related systemic emergencies; frostbite; submersion injury (<i>e.g., fresh, saltwater, decompression</i>); burns (<i>e.g., thermal, electrical, chemical</i>); radiation/hazardous material exposure; systemic envenomation emergencies (<i>e.g. spiders, snakes, aquatic organisms</i>); systemic infectious conditions from environment (<i>e.g., rabies, Lyme disease, plague, cat scratch fever, Rocky Mountain spotted fever, Hantavirus</i>); carbon monoxide exposure; salicylates; acetaminophen; recreational drugs (<i>opiates, amphetamines, hallucinogens, cocaine</i>); tricyclics; sedatives/hypnotics/barbiturates; iron; acids and alkalis; heavy metal; cyanide; plants; organophosphates; insecticides; food poisoning (<i>e.g., botulism, hemolytic uremic syndrome, E. coli, Shigella, Salmonella</i>); petroleum distillates; alcohol abuse (<i>delirium tremens, withdrawal syndrome, detoxification</i>); benzodiazepines therapeutic drug toxicity (<i>over-the-counter, alternative therapies</i>).		

SUBSTANCE ABUSE/TOXICOLOGICAL/ENVIRONMENTAL CONDITIONS <i>(continued)</i>		INITIALS	DATE (YYYYMMDD)
2. Skills:			
a. Mandatory reporting.			
b. Patient safety.			
c. Decontamination.			
d. Heating/cooling blankets.			
e. Antidotes.			
f. Protocol for CBRNE process or HAZMAT.			
MEDICAL/COMMUNICABLE DISEASE CONDITIONS			
1. Reye's syndrome; fibromyalgia; fever; allergic reaction vs. anaphylaxis; renal failure; electrolyte/fluid imbalance; hepatitis; HIV; tuberculosis; STD; childhood diseases (e.g., measles, mumps, pertussis, chicken pox); meningitis; infectious mononucleosis; hyperglycemia (including diabetes mellitus, HHNK, DKA); hypoglycemia; thyroid disorders (e.g., Graves, thyroid storm, myxedema coma); sickle cell crisis; hemophilia (e.g., von Willebrand's); blood dyscrasias (e.g., anemia, idiopathic thrombocytopenia purpura, polycythemia); disseminated intravascular coagulation (DIC); parasitic and fungal infestations (e.g., giardia, ringworm, tineas, tapeworms, pinworms, lice, maggots, scabies); immunocompromise/oncological disorders (e.g., Hodgkin's, chemotherapy, leukemia).			
2. Skills:			
a. Serum/fingerstick blood glucose monitoring.			
b. Reportable conditions.			
c. Isolation techniques.			
d. Laboratory procedures and testing.			
PROFESSIONAL PRACTICE ISSUES			
1. Legal (practice issues, consents, reportable situations, forensic evidence collection processes, documentation, etc.); organizational staffing issues; critical incident stress management (CISM); compassion fatigue; professional development/precepting/peer review; emergency department quality improvement; EMS quality improvement; trauma registry; medical rules of engagement (MROE) within theaters of operation; medical ethics.			
2. Skill: Knowledge of professional issues and where to obtain local, State, federal, Army, and Joint assistance with professional practice issues.			
LIFE SUPPORT TRAINING			
IAW AR 40-68, the individual named above has provided evidence that they possess--			
a. Current basic life support (BLS) certificate of training and			
b. Current advanced cardiac life support (ACLS) certificate of training. (NOTE: ACLS is not a substitute for BLS.)			
COMMENTS			
I verify that the above named individual has demonstrated the ability to perform the activities indicated above. I believe this individual is competent to practice in a emergency care setting at or above the basic level.			
SIGNATURE	TITLE	DATE	
For ANs whose skills verification is performed by a civilian employer, provide the following:			
POINT OF CONTACT NAME	TELEPHONE NUMBER	ADDRESS (Preferable email)	

IMPLEMENTATION INSTRUCTIONS FOR VERIFICATION OF CLINICAL COMPETENCIES: CRITICAL CARE NURSING (ASI 8A) AND EMERGENCY NURSING (ASI M5)

1. Responsibilities:

a. Commanders will ensure assigned Army Nurse Corps (AN) officers with additional skill identifiers (ASI) in critical care (8A) or emergency (M5) nursing are fully prepared to perform the fundamental technical skills required to maintain clinical competency in their ASI.

b. The Deputy Commander for Nursing (DCN)(or comparable title) /Chief Nurse (CN) will ensure resources and support are available for the 8A and M5 to maintain competency in the requisite ASI.

c. The Army Medical Department Center and School will initiate the skills verification checklist during the ASI producing course and forward to the Soldier's unit of assignment (or designated location) for inclusion in his/her competency assessment file (CAF). In addition, the skills verification checklist will be utilized as the means of validation for ASI applicants not attending the ASI producing course.

d. The Human Resources Command, Active Component (AC), and Reserve Component (RC) will award the ASI to appropriately qualified 66Hs.

e. Each 8A or M5 is responsible for sustaining his/her skills as necessary to maintain clinical proficiency appropriate to the ASI held. Work-related circumstances impacting the ability to maintain competency of the ASI or failure to maintain documentation of competency will be reported through the nursing chain of command.

2. Skills verification requirements :

a. The requirement for skills verification is biennial (every 2 years) for both AC and RC. This requirement does not replace the validation of competency relevant to the individual's unit/position of assignment as required by existing local standards and scope.

b. With the endorsement of the DCN/CN (or designee authorized by the CN), ANs awarded either the 8A M5 ASI may use their civilian work setting for initial validation and the biennial revalidation of competency. If skills verification is performed by a civilian employer, a clearly legible by-name point of contact, telephone number, and address (preferably e-mail) for contact purposes is required. For individuals assigned to MTFs having limited availability of complex patients with high acuity nursing needs, the DCN/CN should consider a memorandum of understanding with a local civilian healthcare facility/other Federal facility or temporary duty to an MTF with adequate high volume, high acuity patients to support the validation of the requisite ASI-related skills.

c. The AN's supervisor/head nurse will assess competency through observation of direct patient care or clinical case study review and analysis (selected complex patients with whom the 8A and M5 has been significantly involved). Competencies may also be evaluated by return demonstration in a skills lab. Successful attainment and maintenance of the Emergency Nurses Association Certification (CEN) or the American Association of Critical-Care Nurses Certification (CCRN) may substitute as qualification for revalidation of ASI-related knowledge and skills.

d. The completed competency verification checklists (DA Forms 7653 or 7654) will be maintained in the 8A's or M5's CAF and will transition with the Soldier throughout his/her Army career.